N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 10 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

17569

1. PLACE OF DEATH
County Adair
Township Morrow
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 1039
Primary Registration District No. 6010

File No. 4
Registered No. ....

2. FULL NAME Dora Stanley 354

(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ////

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1868

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Green Castle
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Josiah Stanley
14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Hanna Elizabeth Young
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Mrs. Geo. Capps
(ADDRESS) Stahl, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cox Cem. DATE May 22, 1938

19. UNDERTAKER Glenn E. Kent
(ADDRESS) Green City, Mo.

20. FILED May 25, 1938 Mrs Jake Moelich
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1938, to 5-21, 1938
I last saw him alive on 5-20, 1938. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. K. Zeen, M. D.
(Address) Kirksville Mo